

**Testimony of the Hawaii Medical Board**

**Before the  
House Committee on Commerce and Consumer Protection**

**Wednesday, March 20, 2019**

**2:15 p.m.**

**State Capitol, Conference Room 329**

**On the following measure:**

**S.B. 1406, S.D. 1, H.D. 1, RELATING TO HEALTH**

Chair Takumi and Members of the Committee:

My name is Jone Geimer-Flanders, D.O., and I am the Chairperson of the Hawaii Medical Board (Board). The Board appreciates the intent of this bill and offers amendments in the attached proposed H.D. 2.

The purposes of this bill are to: (1) authorize supervision of physician assistants by physician groups; (2) permit supervising physicians or groups to establish practice-appropriate record review policies; (3) establish continuing education requirements and authorize audits to enforce compliance; and (4) clarify provisions relating to forfeiture and reinstatement of a license.

The Board appreciates the intent of this bill, as it: (1) streamlines the Board's requirements for medical records review for physician assistants; and (2) brings the license renewal requirements of physician assistants to parity with physicians licensed in the State.

For the Committee's information, at its meeting on March 14, 2019, the Board discussed with stakeholders possible amendments to H.D. 1 to address concerns regarding: (1) categorizing physician assistants by their experience; (2) having a supervising physician review all medical records that contain written orders or prescriptions for controlled substances, as this is not currently a requirement; and (3) physician assistant renewal requirements. After a lengthy and robust discussion, the Board agreed to draft a proposed H.D. 2, which may alleviate the concerns of all parties.

The Board recognizes the important role physician assistants have in healthcare and believes this bill is a step in the right direction. However, the Board respectfully requests that the Committee consider its attached proposed H.D. 2.

Thank you for the opportunity to testify on this bill.

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# A BILL FOR AN ACT

RELATING TO HEALTH.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1       SECTION 1. The legislature finds that Hawaii faces a  
2 critical physician shortage. According to the 2018 Annual  
3 Report on Findings from the Hawai'i Physician Workforce  
4 Assessment Report, the current physician shortage increased from  
5 769 in 2017 to 797 in 2018. Physician assistants, like advanced  
6 practice registered nurses, can help fill this need.

7       The legislature further finds that physician assistants  
8 undergo rigorous medical training. Physician assistants  
9 graduate from an accredited program and must pass a national  
10 certification exam to be licensed to practice medicine with  
11 collaboration of a licensed physician. Physician assistants  
12 work in various clinical settings, locations, and  
13 specialties. Like physicians and advanced practice registered  
14 nurses, physician assistants must also complete extensive  
15 continuing medical education throughout their  
16 careers. Studies have shown that when physician assistants

1 practice to the full extent of their abilities and training,  
2 hospital readmission rates and lengths of stay decrease and  
3 infection rates go down.

4 The legislature also finds that streamlining physician  
5 assistants' existing requirements relating to supervision by  
6 physicians is consistent with physician assistant training and  
7 education, and responds to the needs of the collaborating  
8 physician, facility, medical specialty, and patient population,  
9 thereby increasing efficiency and delivery of health care and  
10 lessening overall administrative burdens.

11 The legislature additionally finds that current  
12 requirements in the Hawaii medical board's administrative rules  
13 for the license renewal of physician assistants are overly  
14 burdensome and discourage individuals from entering the  
15 profession. Hawaii is one of a minority of states that mandate  
16 continued certification by the National Commission on  
17 Certification of Physician Assistants for the renewal of a  
18 physician assistant license. A majority of states allow  
19 physician assistants to renew their licenses by meeting  
20 continuing education requirements only. The legislature finds  
21 that aligning Hawaii's licensing standard for physician

1 assistants with the majority of states will encourage the growth  
2 of the physician assistant profession.

3 Accordingly, the purpose of this Act is to:

- 4 (1) Streamline the medical records review process for  
5 physician assistants;
- 6 (2) Establish continuing medical education requirements  
7 for the renewal of physician assistant licenses; and
- 8 (3) Clarify conditions for forfeiture and reinstatement of  
9 licenses.

10 SECTION 2. Section 453-5.3, Hawaii Revised Statutes, is  
11 amended to read as follows:

12 **"§453-5.3 Physician assistant; licensure**

13 **required.** (a) The Hawaii medical board shall require each  
14 person practicing medicine under the supervision of a physician  
15 ~~[or]~~, osteopathic physician, or group of physicians, other than  
16 a person licensed under section 453-3, to be licensed as a  
17 physician assistant. A person who is trained to do only a very  
18 limited number of diagnostic or therapeutic procedures under the  
19 direction of a physician or osteopathic physician shall not be  
20 deemed a practitioner of medicine or osteopathy and therefore  
21 does not require licensure under this section.

1 (b) The board shall establish medical educational and  
2 training standards with which a person applying for licensure as  
3 a physician assistant shall comply. The standards shall be at  
4 least equal to recognized national education and training  
5 standards for physician assistants.

6 (c) Upon satisfactory proof of compliance with the  
7 required medical educational and training standards, the board  
8 may grant state licensure to a person who has been granted  
9 certification based upon passage of a national certifying  
10 examination and who holds a current certificate from the  
11 national certifying entity approved by the board.

12 (d) The board shall approve temporary licensure of an  
13 applicant under this section. The applicant shall have graduated  
14 from a board approved training program within twelve months of  
15 the date of application and never taken a national certifying  
16 examination approved by the board but otherwise meets the  
17 requirements of this section. The applicant shall file a  
18 complete application with the board and pay all required  
19 fees. If the applicant fails to apply for, or to take, the  
20 first examination scheduled by the board following the issuance  
21 of the temporary license, fails to pass the examination, or  
22 fails to receive licensure, all privileges under this section

1 shall automatically cease upon written notification sent to the  
2 applicant by the board. A temporary license shall be issued  
3 only once to each person.

4 (e) Prior to practicing under temporary licensure, holders  
5 of temporary licenses shall notify the board in writing of any  
6 and all supervising physicians or osteopathic physicians under  
7 whom they will be performing services.

8 (f) The board shall establish the degree of supervision  
9 required by the supervising physician ~~[or]~~, osteopathic  
10 physician, or group of physicians when a physician assistant  
11 performs a service within the practice of medicine. A physician  
12 or osteopathic physician who does not supervise a physician  
13 assistant's services at the degree required by the board shall  
14 be deemed to have engaged in professional misconduct.

15 (g) When reviewing the medical records of physician  
16 assistants:

17 (1) Each physician assistant and supervising physician,  
18 osteopathic physician, or group of physicians shall  
19 establish written guidelines for the review of medical  
20 records as appropriate to the specific  
21 practice. These guidelines shall be kept in the  
22 office of the practice setting in which either the

1 physician assistant or supervising physician,  
2 osteopathic physician, or group of physicians  
3 practices, and shall be made available to the Hawaii  
4 medical board and the regulated industries complaints  
5 office or its designees;

6 (2) The supervising physician, osteopathic physician, or  
7 group of physicians shall review medical records as  
8 required by this subsection:

9 (A) When supervising a physician assistant with less  
10 than one year of practice experience as a  
11 licensed physician assistant, the supervising  
12 physician, osteopathic physician, or group of  
13 physicians shall:

14 (i) For the first six months of supervision,  
15 review fifty percent of the medical records  
16 within thirty days of the patient visit; and

17 (ii) For the next six months of supervision,  
18 review twenty-five percent of the medical  
19 records within thirty days of the patient  
20 visit.

21 The board may, on a case-by-case basis, require  
22 physician assistants that begin in a new practice



1 specialty with less than one year of full-time  
2 practice experience in the specialty to comply with  
3 the provisions of subsection (A).

4 (B) When supervising a physician assistant with more  
5 than one year of practice experience as a  
6 licensed physician assistant, the supervising  
7 physician, osteopathic physician, or group of  
8 physicians shall:

9 (i) Establish a process for the regular review  
10 of a sample of medical records of patients  
11 seen by the physician assistant; and

12 (ii) For at least thirty minutes each month,  
13 perform an audit and review of the medical  
14 records.

15 (3) Notwithstanding paragraph (2), a supervising  
16 physician, osteopathic physician, or group of  
17 physicians may require additional supervisory  
18 requirements at any time for patient safety.

19 [~~g~~] (h) Any license of a physician assistant may be denied,  
20 not renewed, revoked, limited, or suspended under section 453-8.

1     ~~[(h)]~~ (i)   The board shall establish the application procedure,  
2     medical educational and training standards, examination  
3     requirement, if any, and degrees of supervision by rule.

4     ~~[(i)]~~ (j)   Every person holding a license under this section  
5     shall apply for renewal with the board no later than January 31  
6     of each even-numbered year and pay a renewal fee. Failure to  
7     apply for renewal shall constitute a forfeiture of the license  
8     that may only be restored upon written application for  
9     restoration and payment to the board of a restoration fee.

10         (k) Beginning with the renewal for the licensing biennium  
11         commencing February 1, 2020, and every biennial renewal  
12         thereafter, a physician assistant shall be in compliance with  
13         the continuing medical education requirements by obtaining forty  
14         credit hours in:

15             (1) A category 1 continuing medical education program  
16             accredited by the American Medical Association;  
17             (2) A category 1A continuing medical education program  
18             accredited by the American Osteopathic Association; or  
19             (3) A category 1 continuing medical education program  
20             accredited by the American Academy of Physician  
21             Assistants.

22             (1) To determine compliance with the continuing medical

1 education requirements under subsection (k), the board may  
2 conduct random audits of physician assistants' continuing  
3 medical education documentation. A physician assistant selected  
4 for audit shall be notified by the board. Within sixty days of  
5 notification, the physician assistant shall provide the board  
6 documentation to verify compliance with the continuing  
7 medical education requirements.

8 (m) Failure to renew, pay the renewal fee, and, in the  
9 case of audited physician assistants, provide documentation of  
10 compliance with the continuing medical education requirement  
11 under subsection (k), shall constitute a forfeiture of license,  
12 which may be restored upon the submission of written application  
13 therefor, payment to the board of a restoration fee, and, in the  
14 case of audited physician assistants, documentation of  
15 compliance with the continuing medical education requirement  
16 under subsection (k).

17 ~~[(j)]~~ (n) A license that has been forfeited for one renewal  
18 term shall be automatically terminated and cannot be  
19 restored. A new application for licensure shall be required."

20 SECTION 3. Statutory material to be repealed is bracketed  
21 and stricken. New statutory material is underscored.

22 SECTION 4. This Act shall take effect on July 1, 2019.

S.B. NO. 1406  
S.D.1  
H.D.1  
**PROPOSED H.D.2**

**1**

**2**

# S.B. NO.1406

S.D. 1  
H.D.1

PROPOSED H.D.2

**Report Title:**

Physician Assistants; Medical Records; Continuing Medical Education; Random Audits

**Description:**

Authorizes supervision of physician assistants by physician groups. Permits supervising physicians or groups to establish practice-appropriate record review policies. Establishes continuing education requirements and authorizes audits to enforce compliance. Clarifies provisions relating to forfeiture and reinstatement of a license. (SB1406 PROPOSED HD2)

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

Tuesday, March 20, 2019 at 2:15 PM  
Conference Room 329

**House Committee on Consumer Protection & Commerce**

To: Representative Roy Takumi, Chair  
Representative Linda Ichiyama, Vice Chair

From: Monte Elias, MD  
Emergency Department

**Re: Testimony in Support of SB 1406, SD1, HD1  
Relating to Health**

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My name is Dr. Monte Elias, MD and I am an emergency medicine physician employed by Straub Medical Center (Straub). Straub is an affiliate of Hawaii Pacific Health. Founded in 1921, Straub includes a 159-bed hospital in Honolulu, a network of neighborhood clinics and a visiting specialist program that reaches throughout the state of Hawai'i. With over 200 physicians who are leaders in their fields, Straub provides its patients with diagnoses and treatments for more than 32 different medical specialties, including bone and joint, heart, cancer, endocrinology/diabetes, family medicine, gastroenterology, geriatric medicine, internal medicine, vascular and urology.

**I write in support of SB 1406, SD1, HD1** which establishes medical records review for physician assistants together with requirements for the renewal of their licenses.

The 2018 Annual Report on Findings from the Hawai'i Physician Workforce Assessment Report indicates that the current physician shortage has increased from 769 in 2017 to 797 in 2018. In the case of primary care physicians, the shortage is calculated to be 263 physicians. This shortfall is projected to worsen with the increased demand for health care from an aging population and the retirement of an aging physician population creating access issues on Oahu and the neighbor islands.

Hawai'i Pacific Health is a proponent of team based care and openly recruits and relies upon physician assistants to work in collaboration with our physicians. Physician assistants are skilled health care providers trained to take medical histories, perform physical examinations, order and interpret laboratory tests, diagnose illness, develop and manage treatment plans, prescribe medications, and assist in surgery. They play a vital role in the operation of the emergency department. Utilization of physician assistants provides a viable option to managing both the growing physician shortage and the

growing medical demands of the State's population. Thus, they offer an effective and efficient method of delivering healthcare to our community.

The original intent of SB 1406 was to remove barriers for physicians to work most effectively with PA's by modernizing the current statute regulating PA practice. Under current statute, physician assistants are required to practice "under the *supervision* of a physician". This requirement does not reflect the manner in which physician assistants are actually being utilized within a team-based model of practice making modernization timely. I believe SB 1406, SD1 represents an important first step in this process.

I also look forward to the Hawai'i Association of Physician Assistants' (HAPA) and the Hawai'i Medical Board's joint effort in developing statutory language that will enable physicians the flexibility to work with physician assistants in care teams that make the most sense for the care environments of our patients.

Thank you for the opportunity to testify.

Tuesday, March 20, 2019 at 2:15 PM  
Conference Room 329

**House Committee on Consumer Protection & Commerce**

To: Representative Roy Takumi, Chair  
Representative Linda Ichiyama, Vice Chair

From: Michael Robinson  
Vice President, Government Relations & Community Affairs

**Re: Testimony in Support of SB 1406, SD1, HD1  
Relating to Health**

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My name is Michael Robinson, and I am the Vice President of Government Relations & Community Affairs at Hawai'i Pacific Health. Hawai'i Pacific Health is a not-for-profit health care system comprised of its four medical centers – Kapi'olani, Pali Momi, Straub and Wilcox and over 70 locations statewide with a mission of creating a healthier Hawai'i.

**I write in support of SB 1406, SD1, HD1** which establishes medical records review for physician assistants together with requirements for the renewal of their licenses.

The 2018 Annual Report on Findings from the Hawai'i Physician Workforce Assessment Report indicates that the current physician shortage has increased from 769 in 2017 to 797 in 2018. In the case of primary care physicians, the shortage is calculated to be 263 physicians. This shortfall is projected to worsen with the increased demand for health care from an aging population and the retirement of an aging physician population creating access issues on Oahu and the neighbor islands.

Hawai'i Pacific Health is a proponent of team based care and openly recruits and relies upon physician assistants to work in collaboration with our physicians. Physician assistants are skilled health care providers trained to take medical histories, perform physical examinations, order and interpret laboratory tests, diagnose illness, develop and manage treatment plans, prescribe medications, and assist in surgery. Utilization of physician assistants provides a viable option to managing both the growing physician shortage and the growing medical demands of the State's population. Thus, they offer an effective and efficient method of delivering healthcare to our community.

The original intent of SB 1406 was to remove barriers for physicians to work most effectively with PA's by modernizing the current statute regulating PA practice. Under current statute, physician assistants are required to practice "under the *supervision* of a



physician”. The “under the supervision” requirement does not reflect the manner in which physician assistants are actually being utilized within a team-based model of practice making modernization timely. We believe this measure is an important step in that process.

We also look forward to the Hawai'i Association of Physician Assistants' (HAPA) and the Hawai'i Medical Board's joint effort in developing statutory language that will enable physicians the flexibility to work with physician assistants in care teams that make the most sense for the care environments of our patients.

Thank you for the opportunity to testify.

Testimony of  
Jonathan Ching  
Government Relations Specialist

Before:  
House Committee on Consumer Protection & Commerce  
The Honorable Roy M. Takumi, Chair  
The Honorable Linda Ichiyama, Vice Chair

March 20, 2019  
2:15 p.m.  
Conference Room 329

**Re: SB 1406, SD1, HD1 Relating to Health**

Chair Takumi, Chair Ichiyama and committee members, thank you for this opportunity to provide testimony on SB 1406, SD1, HD1, which allows greater flexibility in physician assistants' scope of their practice by establishing a streamlined process for medical records review for physician assistants, and establishes biennial continuing education requirements for renewal of physician assistant licenses.

**Kaiser Permanente Hawai'i offers the following testimony in SUPPORT of SB 1406, SD1, HD1:**

Kaiser Permanente Hawai'i believes that physicians assistants should be permitted to practice at the top of their training, education and experience. Kaiser Permanente Hawai'i appreciates the contributions made by certified physician assistants and has a great deal of confidence in the quality of health care they provide within the Kaiser Permanente system. Our physician-owned Hawai'i Permanente Medical Group (HPMG) – Hawai'i's largest multispecialty medical group – employs over 550 physicians and licensed medical providers, including over 50 physician assistants. Within the Kaiser Permanente system, physician assistants practice along with physicians and other medical professionals in a collaborative effort to provide high quality patient care in a variety of specialties and settings – including Family Medicine, Pediatrics, Dermatology, Orthopedics, Cardiology, Oncology, Nephrology, Occupational Medicine, Vascular, General and Cardiothoracic Surgery, Infectious Disease, Radiology, Urology and Otolaryngology (ears, nose and throat).

We support this measure and believe that it is a great first step towards modernizing physician assistants' scope of practice. **We also understand that the Hawai'i Medical Board has recently met and suggested further refinements to the bill, and we are in full support of those additional amendments.**

While the HD1 reflects a narrower scope than the original bill, we believe that streamlining the supervision process between physicians and physician assistants is one of the areas that is in more urgent need of reform. Hawai'i law currently requires physicians to review 100% of physician assistants' charts (one of the most restrictive standards in the country), which creates a significant administrative burden on physicians in the health care system. Amending this process so that chart review occurs more appropriately by the supervising physician or group of physicians is consistent with physician assistants' training and education, and a positive first step to modernizing their scope of practice. It also responds to the needs of the overall healthcare system and will increase the overall efficiency and delivery of healthcare.

In addition, allowing physician assistants to renew their licenses by meeting continuing education requirements will align Hawai'i's licensing standard for physician assistants in the majority of states, and will encourage the growth of the physician assistant profession.

We believe that increasing utilization of physician assistants is ultimately an important part of Hawai'i's efforts to address a continued and growing physician shortage in a way that provides safe quality care to more people throughout the State.

Thank you for the opportunity to testify on this matter.



## **HAWAII MEDICAL ASSOCIATION**

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[www.hawaiimedicalassociation.org](http://www.hawaiimedicalassociation.org)

To:

HOUSE COMMITTEE ON CONSUMER PROTECTION AND COMMERCE

Rep. Roy Takumi, Chair

Rep. Linda Ichiyama, Vice Chair

Date: March 20, 2019

Time: 2:15 p.m.

Place: Room 329

From: Hawaii Medical Association

Jerry Van Meter, MD, President

Christopher Flanders, DO, Executive Director

**Re: SB 1406 SD1 HD1– Relating to Health**

**Position: SUPPORT**

On behalf of Hawaii's physician and student members, the HMA expresses support for efforts to streamline and improve the efficiency of the practice of Physician Assistants and their contribution to providing quality health care to the people of Hawaii.

The HMA approves of the changes made in the Senate and House drafts. These changes will improve the effectiveness of the care provided by PAs, and reduce the regulatory burden on them and their supervising physician. We especially like the ability to place scope of practice determination at the practice level.

The HMA was a participant in the discussion of this bill at the March 14<sup>th</sup> meeting of the Hawaii Medical Board and also supports the recommendations coming out of that meeting.

Thank you for allowing testimony on this issue.

### **HMA OFFICERS**

President – Jerry Van Meter, MD    President-Elect – Michael Champion, MD    Secretary – Thomas Kosasa, MD  
Immediate Past President – William Wong, Jr., MD    Treasurer – Elizabeth A. Ignacio, MD  
Executive Director – Christopher Flanders, DO

**SB-1406-HD-1**

Submitted on: 3/17/2019 6:04:52 PM

Testimony for CPC on 3/20/2019 2:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Nicole Dusenbury	Individual	Support	No

## Comments:

I am in support of this bill with amendment to eliminate section 2. There is such a huge healthcare provider shortage here in Hawaii. Not only are the physicians overworked and spread thin but even where PAs can help there is a significant burden on the physicians to have to co-sign every note. For the majority of well established and experienced PAs this is not only a burden for us to assign a co-signer but precious time the physicians could spend seeing more patients. Each MD/PA collaboration and/or employer should be able to determine when and how many charts should be reviewed and co-signed as is done in most progressive and up to date states such as New York. Thank you for your time and consideration of this testimony, I look forward to Hawai'i updating and improving its practices consistent with the progressive and determined push to address the healthcare shortage in our state.

Nicole Dusenbury PA-C

Cardiology Wailuku

Hawaii Permenente Medical Group

03/17/2019

House Committee on  
Consumer Protection & Commerce

SB1406 SD1 HD1  
RELATING TO HEALTH.  
3/20/2019 2:15 PM

Honorable Chairs and Committee Members:

I am testifying in support of SD1406 SD1 HD1 with reservations and recommend that amendments be made to this bill.

Hawaii PAs support removal of administrative restrictions that are negatively impacting PAs in the healthcare workforce and causing administrative burdens to employers, physician and physician groups. This is applicable to medical record review.

PAs support removing the requirement for maintenance of Board certification as a requirement for licensure. We support the recommended CME requirements as stated in the bill as a requirement for licensure. PAs also support the requirement of passage the initial PANCE (PA National Certification Exam) as a requirement for initial licensure.

We support allowing the extent and frequency of record review to be established at the practice level by supervising physicians and physician groups.

Regarding section 1:

(1) ... establishing written guidelines to be kept in the office of the practice setting:

This seems excessively restrictive. Guidelines for record review may vary depending on the expertise and experience of the PA providing care. We would recommend eliminating the language requiring written guidelines.

Regarding section 2:

(2) The supervising physician, osteopathic physician, or group of physicians shall review medical records as required by this subsection; provided that the supervising physician, osteopathic physician, or group of physicians shall review all medical records that contain written orders or prescriptions for controlled substances;

This entire section needs to be removed. It again places excessive administrative restrictions on PAs and an increased administrative burdens on the supervising

physician. PAs in the surgical setting prescribing post-operative analgesics or even a primary care PA prescribing Robitussin AC would fall under this restriction and would be significantly limited in their ability to provide care. Once again, it imposes an unfair disadvantage to PAs in the workforce, where an APRN can provide these services without restriction. PAs have individual DEA licenses and prescribing of controlled substance is well within their scope of practice and does not require medical review, unless it is so determined at the practice level for an individual provider. This type of restriction should not be mandated at the administrative level.

Thank you for your time and consideration of the proposed amendments.

Fielding Mercer, PA-C

Past president and legislative liaison HAPA 2008-2016

**SB-1406-HD-1**

Submitted on: 3/18/2019 8:13:59 AM

Testimony for CPC on 3/20/2019 2:15:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Patricia Achay	Individual	Support	No

Comments:



**SB-1406-HD-1**

Submitted on: 3/18/2019 5:01:20 PM

Testimony for CPC on 3/20/2019 2:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Dan Domizio	Individual	Support	No

## Comments:

Thank you Honorable Chairmen and Members for this opportunity to support SB1406 SD1 HD1, especially with the amendments of HD1 and the elimination of Section 2.

The language, now simplified, eliminates unnecessary restrictions on PA Practice in Hawaii. It also allows physicians greater freedom when utilizing PAs, and broader opportunities for Physician Assistant service to the people of Hawaii.

PAs, and Physicians in this state have waited since 1972 for a more reasonable set of practice guidelines and a improved Scope of Practice definitions.

I urge you to pass this bill with the aforementioned revision.

Dan Domizio PA-Emeritus

**SB-1406-HD-1**

Submitted on: 3/19/2019 8:10:43 AM

Testimony for CPC on 3/20/2019 2:15:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Claire L. Yoshida	Individual	Support	No

## Comments:

I strongly believe that Physician Assistants are highly qualified, medically trained personnel and should be allowed to practice to the fullest extent possible to help the people in the state of Hawaii will medical services. Any movement in that direction to provide them that ability is supported by me.

I am not a medically trained but I am an informed citizen that believes change in the direction to allow collaborative practice and to remove barriers to that practice is very important.

**SB-1406-HD-1**

Submitted on: 3/19/2019 10:21:41 AM

Testimony for CPC on 3/20/2019 2:15:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
Andrea Quinn	Individual	Support	No

Comments:

**SB-1406-HD-1**

Submitted on: 3/19/2019 11:30:10 AM

Testimony for CPC on 3/20/2019 2:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Kristen Kichline	Individual	Support	No

## Comments:

I am in favor of in favor of reducing and eliminating administrative restrictions to PA practice and am I support this bill with ammendments. I believe the bill should be amended to eliminate section 2. This section again imposes unnecessary administrative restrictions to PA practice. As a pediatric orthopedic PA almost every encoutner I have with a patient includes written orders and almost all surgical encounters involve controlled substance prescriptions. We have a written agreement that states I may write for these medications and per Hawaii Law not National Law my physicians do place their DEA number and name on all of my prescriptions anyway. If it was required that they cosign all encoutners with orders or controlled substances they would still be signing close to all of my notes. Therefore, this does not reduce the administrative burden for my practice. I do agree with section 1 stating that the practice should establish written guidelines for the review of medical records as appropriate to the specific practice. The PA practice varies widely from specialty to specialty and I believe we need to keep that in mind when we are considering these changes.

Again, I do support SB1406 with ammendments.

Thank you.

**SB-1406-HD-1**

Submitted on: 3/19/2019 11:39:05 AM

Testimony for CPC on 3/20/2019 2:15:00 PM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Present at Hearing</b>
David H Messer III, PA- C	Individual	Support	No

Comments:

I support this bill with the current amendments.

**SB-1406-HD-1**

Submitted on: 3/19/2019 10:28:51 PM

Testimony for CPC on 3/20/2019 2:15:00 PM

Submitted By	Organization	Testifier Position	Present at Hearing
Santo Di Martino	Individual	Support	Yes

## Comments:

I am a strong supporter of this bill. I am happy to see these major changes for the PA

profession. We are an ardent and dedicated group of professionals ready to serve as an adamant team member for the people of Hawaii.

I am a Physician Assistant of over 40 years and am in complete agreement with these necessary changes, especially regarding the recertification exam.

This bill will conjoin Hawaii with the majority of other states and will help bring the PAs of Hawaii into the twenty first century.

Thank you for allowing this bill to pass.

Santo Di Martino PA-C

To: Chair Roy M. Takumi  
Vice Chair Linda Ichiyama  
Members of the Committee on Consumer Protection and Commerce

From: Christina Starks, MPA, PA-C  
President and Legislative Affairs - Hawaii Academy of PAs

Re: SB1406, SD1, HD1, Relating to Health, PHYSICIAN ASSISTANTS  
Wednesday, March 20th, 2019 at 2:15 pm, Conference Room 329

Position: SUPPORT

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Aloha Chair Takumi, Vice Chair Ichiyama, and Committee Members,

My name is Christina Starks, I am a physician assistant, and the President and Legislative Affairs Liaison for the Hawaii Academy of PAs. I represent Hawaii PAs here to our respected legislators here at State Capitol and to our Hawaii Congressional leaders in Washington, D.C.

I support the proposed HD2 for SB1406, SD1, HD1. This measure will alleviate some of the administrative burdens impacting Physician Assistant practice; 1) 100% medical records review and 2) re-licensure requirements.

Over the past several weeks I have worked closely with the Hawaii Medical Board and key stakeholders; Hawaii Medical Association, Kaiser, Hawaii Pacific Health, and American Academy of PAs. Together we have worked to fine tune the language to a mutual benefit. In addition, we have built a new relationship and fondness that will helped to forge future progress of PA practice.

For the Committee's information, the current Hawaii PA practice laws are antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. PAs do not have their own statute in Hawaii and were first added to HRS 453 in the 1970s. Our PA practice laws need a proper modernization as a whole, this bill is an incremental step in that direction.

Hawaii has 350+ PAs compared to the 135,000+ in the U.S. Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs.

<https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs>

PAs are truly an underutilized healthcare resource in Hawaii. If we work to improve PA practice laws this will help alleviate the burdens of PA utilization so that we may further help with the State's growing healthcare provider shortage. PAs can work in various medical specialties and settings and extend the services of physicians who are in high demand. In some case here in Hawaii, the PA may be the only provider available to care for patients in that medical setting and specialty.

After returning from Washington, D.C. last week and meeting with the offices of our Hawaii Congressional leaders, I can attest that improving PA practice laws is an important priority when tackling healthcare issues nationwide.

I humbly ask that you pass this measure. Thank you for the opportunity to testify.